

FILED JAN 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1415
Registrar's No. 45

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|--|----------------------------------|--|--|---|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 149 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 45 | | | |
| 1. PLACE OF DEATH a. COUNTY Jackson | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Jackson | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, 420 W. 16th | | | | d. STREET ADDRESS (If rural, give location) 420 W. 16th | | | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Schyler | | b. (Middle) Houston | | c. (Last) Shannon | | | |
| 4. DATE OF DEATH | | (Month) Jan. | | (Day) 3, | | (Year) 1949 | | | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | | 8. DATE OF BIRTH Aug. 25, 1877 | | 9. AGE (In years last birthday) 71 | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) chef | | 10b. KIND OF BUSINESS OR INDUSTRY Restaurant | | 11. BIRTHPLACE (State or foreign country) Melbourne, Arkansas | | 12. CITIZEN OF WHAT COUNTRY? American | | | |
| 13a. FATHER'S NAME Joseph M. Shannon | | 13b. MOTHER'S MAIDEN NAME Unknown, Carney | | 14. NAME OF HUSBAND OR WIFE Mrs. Lillian Shannon | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. 495 10 1186 | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Lillian Shannon, 420 W. 16th KC, Mo | | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Angina pectoris DUE TO (c) 200 481 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 12 weeks | |
| 19a. DATE OF OPERATION no | | 19b. MAJOR FINDINGS OF OPERATION no | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) no | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) no | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) no | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. no | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> WHILE NOT AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? no | | | | | |
| 22. I hereby certify that I attended the deceased from Jan 2, 1949, to Jan 3, 1949, that I last saw the deceased alive on Jan 3, 1949, and that death occurred at 9:00 p.m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE George W. Griffith | | | | 23b. ADDRESS 1000 Baltimore | | 23c. DATE SIGNED Jan 3, 1949 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE 1/6/49 | | 24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery | | 24d. LOCATION (City, town, or county) (State) Kansas City, Mo. | | | |
| DATE REC'D BY LOCAL REG. 1-5-49 | | REGISTRAR'S SIGNATURE Seraldine Holmes | | 5. FUNERAL DIRECTOR'S SIGNATURE Geo. Carson | | ADDRESS Independence, Mo. | | | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4123

P..O. Address Independence, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.